

AO 435
(Rev. 04/18)

ADMINISTRATIVE OFFICE OF THE UNITED STATES COURTS

Please Read Instructions:

FOR COURT USE ONLY

DUE DATE:

TRANSCRIPT ORDER			
1. NAME David Voreacos	2. PHONE NUMBER (201) 417-8444	3. DATE 11/3/2021	
4. DELIVERY ADDRESS OR EMAIL dvoreacos@bloomberg.net	5. CITY New York	6. STATE NY	7. ZIP CODE 10022
8. CASE NUMBER 21-cr-009	9. JUDGE Hanks	DATES OF PROCEEDINGS 10. FROM 9/13/2021 TO 9/13/2021	
12. CASE NAME USA v Brockman	13. CITY Houston	LOCATION OF PROCEEDINGS 14. STATE TX	
15. ORDER FOR <input type="checkbox"/> APPEAL <input checked="" type="checkbox"/> NON-APPEAL	<input type="checkbox"/> CRIMINAL <input type="checkbox"/> CIVIL	<input type="checkbox"/> CRIMINAL JUSTICE ACT <input type="checkbox"/> IN FORMA PAUPERIS	<input type="checkbox"/> BANKRUPTCY <input type="checkbox"/> OTHER
16. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested)			
PORTIONS	DATE(S)	PORTION(S)	DATE(S)
<input type="checkbox"/> VOIR DIRE		<input type="checkbox"/> TESTIMONY (Specify Witness)	
<input type="checkbox"/> OPENING STATEMENT (Plaintiff)			
<input type="checkbox"/> OPENING STATEMENT (Defendant)			
<input type="checkbox"/> CLOSING ARGUMENT (Plaintiff)		<input checked="" type="checkbox"/> PRE-TRIAL PROCEEDING (Specify)	
<input type="checkbox"/> CLOSING ARGUMENT (Defendant)		<input type="checkbox"/> Status conference	9/13/2021
<input type="checkbox"/> OPINION OF COURT			
<input type="checkbox"/> JURY INSTRUCTIONS		<input type="checkbox"/> OTHER (Specify)	
<input type="checkbox"/> SENTENCING			
<input type="checkbox"/> BAIL HEARING			
17. ORDER			
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
3-Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES 1
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>	
CERTIFICATION (18. & 19.) By signing below, I certify that I will pay all charges (deposit plus additional)			ESTIMATE TOTAL 0.00
18. SIGNATURE 	PROCESSED BY		
19. DATE 11/3/2021	PHONE NUMBER		
COURT ADDRESS			
TRANSCRIPT TO BE PREPARED BY			
ORDER RECEIVED	DATE	BY	
DEPOSIT PAID			DEPOSIT PAID
TRANSCRIPT ORDERED			TOTAL CHARGES
TRANSCRIPT RECEIVED			0.00
ORDERING PARTY NOTIFIED			LESS DEPOSIT
TO PICK UP TRANSCRIPT			TOTAL REFUNDED
PARTY RECEIVED TRANSCRIPT			0.00
DISTRIBUTION:	COURT COPY	TRANSCRIPTION COPY	ORDER RECEIPT
			ORDER COPY